

NEEDS ASSESSMENT COMMITTEE NARRATIVE



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It is the mission of the Needs Assessment Committee to work with the Division of HIV/STD to assess the needs of the community as it relates to HIV prevention. This mission is met through the following functions:

- Act as advisors to the Division on the focus and implementation of needs assessments.
- Provide input as it relates to the development and the updating of a resource inventory.
- Review needs assessment and resource inventory to provide input into a gap analysis report.

At the May 2004 CPG meeting the membership reached consensus to recommend to the ISDH to begin the process for conducting the next needs assessment. The needs assessment committee also has determined that there is a need to do a more in-depth and qualitative needs assessment. The focus will be on one or more high priority populations (i.e., substantially contributing to new HIV infections in a jurisdiction) identified in the epidemiologic profile. There is also a need to assess subpopulations of high risk individuals for which there is little to no recorded data.

It is further recommended that this be a collaborative research needs assessment. The goal is to bring the experience of the targeted populations, observations of community service providers and technical expertise of researchers together to produce a meaningful, useful tool to enhance the knowledge and skills of all who are engaged in or who need to be aware of, HIV prevention activities.

The CPG believes that there is a need for two distinct approaches to the needs assessment. The need is aimed at collecting data on targeted populations as well as providers of prevention services. The goals of the needs assessment are to:

- Get buy in from designated members of targeted populations by including them in the planning, design and implementation of the project.
- Enable community HIV/AIDS educators and other HIV/AIDS service providers to deliver effective and culturally relevant approaches to building relationships with the targeted populations in their areas.
- Familiarize community service providers with models for delivering effective primary and secondary services to targeted populations prevention.
- Sensitize community HIV/AIDS educators and other HIV/AIDS service providers to a variety of legal and social factors that prevent individuals from seeking needed HIV/AIDS prevention services, both primary and secondary.

The following are the specific populations the CPG has identified as needing to have their specific HIV prevention needs assessed:

Year One the focus will be on:

HIV Positives; African American; Transgender; Women; Hispanic; Men who have Sex with Men; and Africans.

Year Two the focus will be on:

Corrections; Prevention providers; Community; Urban; and Rural

The following is a proposed outline of the project:

1. Gather data about the prevalence and incidence of HIV in Indiana
2. Collect existing needs assessment within the state of Indiana
3. Identify research partners within Indiana
4. Recruit members of targeted populations to participate in design and planning
5. Replicate/create tools; protocols, participant's questionnaires, focus group questions, etc.
6. Conduct activities
7. Correlate data
8. Analyze data
9. Produce Findings
10. Disseminate info

Efforts in Finding Partners: Graduate Schools of Public Health; The Association of Schools of Public Health, Behavioral and Social Science Volunteer Program; The American Psychological Association, Office on AIDS; Indiana University Research Institutes (public and private); Individual researchers in (Cultural, Medical, Social) Anthropology.

Partners need to have a background and/or knowledge in HIV/AIDS related research.

During 2005 the CPG amended their recommendation to include more specifics on the data collections needs. The **Indiana HIV Prevention Community Planning Group Recommendations for the Community Services Assessment (CSA) 2005** are as follows.

The needs assessment committee recommends that the CSA be an in-depth and qualitative CSA. There is little evidence specific to Indiana to quantify which factors are more important in determining how an individual will respond to specific prevention interventions messages. There are varying pressures that pull persons toward, or push them away from practices that make them vulnerable to HIV infection. It is the intent to identify relevant cultural, geographic, and access specific data.

It is further recommended that the primary strategies for this CSA will be the use of focus groups and key informant interviews. This methodology allows each targeted population to identify their own unique qualities, strengths, challenges and opportunities. Data collection outcomes can specifically define populations' needs in terms of knowledge, skills, attitudes, and norms. Once information is collected it can then be utilized in the prioritization and intervention selection processes.

Population Specific Component

The focus will be high priority populations identified in the epidemiologic profile with an emphasis on the following subpopulations of high risk individuals for which there is little to no recorded data:

- African American-transgender (MSM) target areas: Indianapolis, and Gary
- African American women target areas: Gary, Ft. Wayne, Indianapolis, and Elkhart
- Correctional population utilizing community corrections target areas: Vigo, and St. Joseph County,

It is recommended that the targeted populations be outside of the current HIV service delivery system. The African and Latino populations were moved to year two because while we need the information, those populations are not yet structured into a formalized system that we could reach at that time.

What we want to know:

- Where do you get HIV related info? Physician, school, church, friends, etc?
- Where would you like to get HIV related info? Physician, school, church, friends, etc?
- Do you know where to get tested for HIV?
- Have you ever been tested?
- Did you go back for results?
- If you have never been tested, why not?
- Have you talked about HIV with: partner, family, friends, etc?
- Is it hard to talk about HIV to: doctors, family, friends, teachers, etc?
- Why? Religion, stigma, powerlessness, etc?
- Who is most at risk for HIV infection?
- Do you believe yourself to be at risk?
- Why or why not?
- Do you use drugs and/or alcohol?
- While having sex?
- Do you use condoms?
- If yes, why? Fear, partner requires, etc?
- If not why?
- Are there any barriers to accessing prevention services?

Planning for Needs Assessment, 2005

In October 2005 Ron Haas informed the group that the Division of HIV informed the Community Planning Group that there is no funding to provide a Needs Assessment. Therefore, Mr. Haas requested that the three Cooperative Agreement Committees meet together during the November meeting. The three cooperative agreement committees met during the November meeting to discuss options. It was then recommended that ISDH set aside by some means, \$10,000 to assist the group. The group took another look at the previous statewide needs assessments from the ISDH and Indiana Minority Health Coalition as well as the review conducted by BSSV volunteer Christy Coleman. The following is a list of recommendations to collect preliminary information:

- Group members were encouraged to submit any assessments they had done locally on specific populations.
- Request to Universities to become a part of their doctoral classes' assessment.
- Take the information from the members of the body and use it as data, i.e. town hall meetings.
- Recommended that a fixed line item be added to the ISDH budget to fulfill the mandated goals of the group
- Request assistance from local universities which consistently look for mini-research projects.

Planning for Needs Assessment, 2006

During 2006 a BSSV was contacted to assist the CPG with the needs assessment. After that was found not to be an option, ISDH contracted with Luther Consulting to conduct the needs assessment. Once contracted, CPG and Luther Consulting worked on modifying the assessment tools, identified geographical areas for implementation and created a timeline for implementation. Although the goal of CPG was to have the needs assessment completed by December 31, 2006, it became apparent that we would not have a completed project in time for the prioritization process. The plan was modified and our goal was to complete the needs assessment in time for the RFP process. While not in time for the prioritization process, in addition to ISDH, local communities will also be able to use the information for local and future planning.

NEEDS ASSESSMENT, 2007

In 2007 Indiana HIV Prevention Needs Assessment was carried out as a collaborate effort by the Indiana State Department of Health, the HIV Prevention Community Planning Group (CPG), and Luther Consulting, LLC. Target populations were identified by CPG as either high-risk or as a population of interest to Indiana. Those target populations were MSM Latinos, African American women who engage in high-risk behavior and transgendered individuals.

To reach MSM Latinos, surveys were distributed throughout the state. High-risk African American women were reached through focus groups held in Indianapolis, South Bend, Elkhart, Gary, Evansville, and Ft. Wayne. Focus groups were also held with transgender individuals in Indianapolis and Merrillville. Through these surveys and focus groups, information was gathered which will help Indiana in planning future HIV prevention services. Two different data sources were used to collect information from the three target populations, a paper survey for MSM Latinos and focus groups for high-risk African American women and transgender individuals.

The MSM Latino survey was adapted from a survey used in a 2005 Utah HIV Prevention Needs Assessment of Latinos. Utah's Latino population is similar to Indiana's Latino population in that the state overall is predominantly composed of Caucasians with pockets of high concentrations of Latinos. This survey was proven to be very useful in Utah with very reliable and accurate results¹. In Indiana, the Spanish translated version of this survey was distributed through agencies and other locations identified by CPG and through Care Coordination sites throughout the state. In total, 36 surveys were completed and returned. The databases (Excel and SPSS) containing original survey data have been provided to ISDH.

The same focus group script was used for the focus groups with transgender individuals and with high-risk African American women. In total, 3 focus groups were conducted with transgender individuals (2 in Indianapolis, 1 in Merrillville) and 10 were conducted with high-risk African American women (2 in Indianapolis, 2 in Ft. Wayne, 2 in Evansville, 2 in Gary, 1 in South Bend, and 1 in Elkhart). Focus groups were advertised in local newspapers throughout the state, as well as with flyers. Ultimately, focus group participants were recruited through the CPG member's agency hosting the focus groups. Facilitators of focus groups were either CPG members, or chosen by CPG members. For each focus group, a facilitator and a Luther Consulting staff member attended, with Luther Consulting responsible for audio recording the session and taking notes. Participants signed an agreement to be audio recorded. In one case, participants requested not to be recorded and notes were taken instead. At the beginning of each focus group, the facilitator or Luther Consulting staff member gave an explanation of the Needs Assessment. Handouts were then passed out to participants with questions about demographics, as well as about locations they currently go for HIV information and services and about locations they'd like to go for HIV information and services. The remaining questions were discussed verbally among the group participants.

¹ Loo, Ryan. (2005). *Utah HIV Prevention Hispanic Needs Assessment*. Retrieved January 5, 2007 from http://hlunix.ex.state.ut.us/cdc/hivprevention/hiv_prev_reports.

The results of the MSM Latino survey received produced the following information:

- Access to HIV/AIDS information for the Hispanic MSM community is somewhat limited
- Prevention activities should be in a group setting with a focus on existing sports and exercise programs as potential venues
- Interventions should focus more on sexual risk behavior and less on drug and alcohol abuse

The results of the focus groups with high-risk African American women produced the following information:

- Prevention activities should incorporate music with festival and/or carnivals
- Prevention activities should involve the church community; church leaders were seen as trusted community members
- Prevention activities should involve testimonials from HIV positive African American who can speak first hand to living with HIV or AIDS

The results of the focus groups with transgender individuals produced the following information:

- Agencies, clinics, etc. should make an effort to be more openly transgender-friendly (e.g. allow access to bathroom facilities that correspond with the individual's gender identity)
- Provide a transgender individual to conduct HIV tests, provide information, etc.
- Prevention activities should include a glamorous event such as fashion shows, talent shows, or drag shows
- Prevention activities should specifically address the transgender community, not simply include the transgender community with the gay and lesbian community

Luther Consulting considers the above suggestions and information to be most important and relevant to ISDH and CPG. Further information about the data collected and suggestions for target populations can be found in the corresponding Results and Recommendations sections, as well as the Conclusion.

For the complete findings see the Indiana State Department Website located at <http://www.in.gov/isdh/programs/hivstd/about/about.htm>

GAP ANALYSIS/RESOURCE INVENTORY

In 2006, students at Indiana University, South Bend attempted to redefine the HIV Prevention Resource Guide targeted populations section. They asked funded agencies to describe their targeted populations and population specific activities as identified in the resource guide provided by the ISDH Division of HIV and how were they determined. Only two entities, both located in North

Indiana and serving African Americans could provide population and program specifics. In general all other responses were as follows:

- While some did have specific audiences, all populations were targeted.
- No specific interventions were identified.
- No one had read the initial grant submitted to the ISDH for funding.
- Beyond brochures no one was able to describe culturally relevant programming

According to the ISDH there was not a method or means in place to identify specific populations and interventions funded because agencies or entities were funded and decided within where resources would go.

At this time there needs to be an evaluation of the process used to allocate resources and expected outcomes. We are unable to produce a resource inventory and gap analysis because this information is incomplete and unavailable.

After thoughtful review of past needs assessment processes the NA committee decided that in the years 2008-2010, recommendations would be based on activities that had been proposed but never completed. In 1997 cultural sensitivity was listed as a need. In 1999 the division was seeking supplemental dollars to conduct a needs assessment in communities of color. 2000 list a needs assessment done in Marion County with MSMCC and one being launched in Lake County. But no data was available. One organization in Marion County provided a Needs Assessment on MSM.

While ISDH requires funded entities attend the state mandated and provided cultural competency training, there is no requirement that funded entities demonstrate any level of cultural competency and has no apparent measurement tool.

In conclusion the CPG Needs Assessment Committee recommends that the ISDH implement an RFP process to hire an outside contractor to conduct an assessment of the Division of HIV and contracted entities ability to conduct culturally competent HIV prevention activities. CPG preliminary activities to include:

- Have funded entities supply (present) to CPG, data and material used to identify targeted populations and interventions as well as on-going data collection methodology.
- Research cultural competency standards.
- Collect cultural competency assessments for review.
- Provide TA on cultural competency beyond race and ethnicity.

Provider component: prevention personnel

We want to assess: skills and proficiency of workers, command of skills, skills deficiency, development and training needs, agency proficiencies and deficiencies.

- Prevention educators-Key informant interviews
- What training have you received?
- How adequate is the training you received?
- What additional training needs do you have?
- How much time on average do you spend with clients?
- Do you offer additional testing, referral, etc.?
- Do you offer additional services, referrals only on request?
- How many job titles do you hold?
- Which of your functions or tasks are most critical?
- Barriers to quality service provision- time, cost, directives, awareness of supportive services, etc.
- Do you have a job description?
- Have you read the grant that funds your position?
- Did you assist in writing the grants that fund your position?

Prevention Agency

- Do you have a quality assurance plan?
- How do you define quality assurance?
- Are there any barriers to quality assurance?
- How do you define cultural competency?
- What mechanisms are in place to address staff incompetence?
- How do you include your constituency in the planning, design and implementation of programs?
- What do you do with the results of client satisfaction surveys?
- Describe organizational changes that resulted from client / community feedback?
- Describe your cultural competency component.
- What tools do you utilize in determining target populations and interventions?